

BEFORE THE
BOARD OF MEDICAL EXAMINERS
STATE OF OREGON

In the matter of,)
STANLEY WALLACE JACOB, MD) VOLUNTARY LIMITATION
LICENSE NO. MD06134)

)))))

VOLUNTARY LIMITATION

1.

9 The Board of Medical Examiners (Board) is the state agency responsible for licensing,
10 regulating and disciplining certain health care providers, including physicians, in the
11 State of Oregon. Stanley Wallace Jacob, MD (Licensee) is a licensed physician in the state of
12 Oregon.

2.

14 The Board is investigating a complaint against Licensee regarding alleged inappropriate
15 prescribing of a controlled substance.

3.

17 In regard to the above referenced matter, Licensee neither admits nor denies a violation
18 of the Medical Practice Act. For the purpose of resolving this investigation, Licensee and the
19 Board agree to close this investigation contingent upon Licensee satisfying the following
20 conditions:

21 3.1 Effective May 16, 2001, Licensee will limit his medical practice to
22 Administrative Medicine only. This means that Licensee will not evaluate, diagnose or treat
23 patients in any manner or write prescriptions for patients, himself or his family.

24 3.2 Licensee stipulates and agrees that any violation of the terms of this Order shall
25 be grounds for further disciplinary action under ORS 677.190(18).

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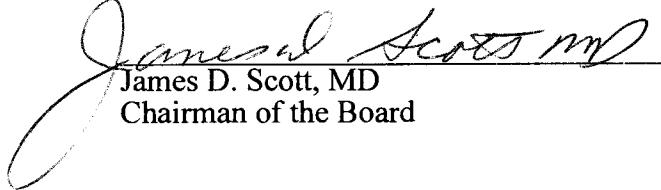
Licensee understands that this Order is a public record and is reportable to the National Practitioners Databank.

IT IS SO STIPULATED this 29th day of April, 2001.


Stanley Wallace Jacob, MD

IT IS SO ORDERED this 2 day of May, 2001.

BOARD OF MEDICAL EXAMINERS
State of Oregon


James D. Scott, MD
Chairman of the Board

1 BEFORE THE
2 BOARD OF MEDICAL EXAMINERS
3 STATE OF OREGON

4 In the Matter of)
5)
6 STANLEY JACOB, M.D.,)
7 LICENSE NO. MD06134.) FINAL ORDER

7

8 On January 19, 1995, the Oregon Board of Medical Examiners
9 (Board), reviewed the record of the contested case hearing held on
10 September 13, 1994, regarding the Amended Notice of Disciplinary
11 Action issued by the Board on May 9, 1994. Following review of
12 the record and the hearings officer's proposed Findings of Fact,
13 Conclusions of Law, and Order, the Board adopts as its own the
14 hearings officer's proposed Order.

15 IT IS SO ORDERED this 19th day of January, 1995.

16
17 BOARD OF MEDICAL EXAMINERS
State of Oregon

18 By: 

19 Terry Connor, D.O., Chairman

20 NOTICE: You are entitled to judicial review of this order
21 pursuant to the provisions of ORS 183.480. Judicial Review may be
22 obtained by filing a petition in the Oregon Court of Appeals. The
23 petition must be filed within 60 days from the date of service of
24 this order.

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10 BEFORE THE BOARD OF MEDICAL EXAMINERS

11 OF THE STATE OF OREGON

12 In the Matter of)
13 STANLEY JACOB, M.D.) PROPOSED FINDINGS OF
14 _____) FACT, CONCLUSIONS OF
15) LAW, ORDER, AND OPINION

16 This matter was heard before Jeffrey W. Bildstein,
17 hearings officer assigned by the Board of Medical Examiners, on
18 September 13, 1994, at Portland, Oregon. The Board was
19 represented by Paul J. Sundermier, Assistant Attorney General.
20 Dr. Stanley Jacob was present and represented by David C. Landis,
21 his attorney. The record of the proceeding, including the
22 transcript of testimony and all admitted exhibits, as well as all
23 pleadings, memoranda, and arguments of counsel, have been
24 reviewed and considered. The following findings of fact and
conclusions of law are proposed based upon the entire record.

FINDINGS OF FACT

25 1. Stanley W. Jacob, M.D. is a physician licensed to
26 practice medicine in the State of Oregon by the Oregon State

1 Board of Medical Examiners. Amended Notice of Proposed
2 Disciplinary Action.

3 2. Dr. Jacob went to medical school at Ohio State
4 University and received his surgical training at Harvard Medical
5 School which he completed in 1957. Tr. 19-20. He was an
6 instructor in surgery at Harvard Medical School for approximately
7 two years before moving to the University of Oregon Medical
8 School in 1959. Tr. 20; Exhibit 7.

9 3. Dr. Jacob has authored eight textbooks and taught
10 at the medical school level for many years. He was the recipient
11 of the first fully-endowed chair at the University of Oregon
12 Health Sciences Center, the Gerlinger Chair of Surgery and
13 Surgical Research. Tr. 20-21. Dr. Jacob stopped performing
14 surgery in 1981. Since then he has devoted his time to patient
15 care, research, and writing. Exhibit 8.

16 4. Dr. Jacob currently sees twelve to fifteen
17 patients a day and has approximately 800 to 1,000 patients under
18 his care. Less than one percent of his patients receive
19 controlled substances. Tr. 21-22; Exhibit 8.

20 5. J.K. was a patient and employee of Dr. Jacob. Tr.
21 24. She first came to work for him in May or June, 1990 as a
22 clinical nurse. She is a Licensed Practical Nurse who is in the
23 process of receiving additional nursing training toward her
24 Bachelor of Science Degree in Nursing. Tr. 24 and 77. She
25 worked for Dr. Jacob until June, 1993, and again briefly in
26 August, 1993. Exhibit 8.

6. After J.K. came to work for Dr. Jacob, she began

1 complaining of a problem with the scapula of her right shoulder.
2 At times, she described the pain in the shoulder as unbearable,
3 and excruciating. Tr. 50 and 80. The shoulder would slip out of
4 place; Dr. Jacob and his nurse, Gwen Crippen, would put it back
5 in. Tr. 104; Exhibit 5.

6 7. Dr. Jacob performed multiple and frequent
7 examinations on J.K. Tr. 29. He found crepitation and winging
8 of the scapula, tenderness and swelling of the cervical
9 musculature, and an inability to move the right upper extremity
10 through various ranges of motion. Tr. 52. He attempted to treat
11 her with DMSO and was unsuccessful, achieving only limited pain
12 relief. Tr. 22 and 79; Exhibit 7.

13 8. Dr. Jacob prescribed multiple schedule III and IV
14 medications, including hydrocodone and propoxyphene for J.K. Tr.
15 33-34; Exhibits 1 and 2. He began prescribing the medication in
16 mid-1991. Tr. 47 and 50. He did not prescribe any schedule II
17 medications for J.K. Tr. 33.

18 9. J.K. has been a patient in the Kaiser system for
19 several years and during her employment with Dr. Jacob. She
20 complained to Kaiser physicians and staff of problems with her
21 shoulder. Exhibit 103. She is dissatisfied with the treatment
22 she has received from the Kaiser physicians and staff. Tr. 93
23 and 99.

24 10. J.K. continued to see practitioners in the Kaiser
25 system while Dr. Jacob prescribed the medications to her. Tr.
26 86-91; Exhibit 103. She told the Kaiser practitioners of Dr.
Jacob's prescriptions. Tr. 84, 95, and 100; Exhibit 103. They

1 did not voice any objections to her; rather, their responses were
2 favorable. Tr. 100-101.

3 11. Dr. Jacob referred J.K. to Dr. Rodney Beals,
4 Chairman of the Department of Orthopedics at OHSU in May, 1991.
5 It was his hope Dr. Beals would be able to write a letter to the
6 physicians in the Kaiser system to get them to examine, evaluate,
7 and treat J.K. Tr. 49. Dr. Beals wrote a letter for J.K. to
8 take to Kaiser as she was having difficulty getting into their
9 orthopedic department. Tr. 49 and 81; Exhibit 4. Dr. Beals felt
10 J.K. had a major problem with her shoulder. Tr. 49.

11 12. J.K. has been quite satisfied with the care
12 provided by Dr. Jacob. She felt him to be very much concerned
13 and helpful to her with regard to her pain and difficulty seeing
14 physicians at Kaiser. Tr. 82 and 83.

15 13. J.K. was under Dr. Jacob's observation the entire
16 time he was prescribing medications to her. Tr. 83. He was of
17 the opinion her pain justified his prescriptions. He never
18 formed the opinion she abused the medications he prescribed, nor
19 that the medications were being diverted to others, or that the
20 drugs impaired her ability to function. Tr. 52 and 53. The
21 medication prescribed by Dr. Jacob enabled J.K. to complete her
22 daily living tasks and to work. Tr. 84. Had the medication not
23 been prescribed by Dr. Jacob, J.K. would not have been able to
24 carry out her daily living tasks. Tr. 85.

25 14. J.K. left Dr. Jacob's employment in June, 1993 to
26 attend school. She returned in August, 1993, to "cover" for
vacations. During her absence, medications were not prescribed

1 by Dr. Jacob. Tr. 54 and 92. Dr. Jacob never prescribed
2 medication to J.K. while she was not working with him. He did
3 not give her any medication after she left his employment finally
4 in August, 1993. Tr. 54-55.

5 15. The physicians at Kaiser began to prescribe
6 Vicodan (Hydrocodone) after J.K. left Dr. Jacob's care. She does
7 not recall requesting Vicodan of them prior to leaving Dr. Jacob.
8 Tr. 97-98.

9 16. Dr. Jacob did not keep any record or chart of J.K.
10 Tr. 25, 31 and 41; Exhibits 7 and 8.

11 17. Dr. Jacob acknowledges charts should be kept on
12 every patient, Exhibit 8, and when a controlled substance is
13 prescribed, a chart should be kept. Tr. 48.

14 18. The standard of care requires the keeping of
15 medical records of examinations and treatment provided to a
16 patient, including instances of prescribing medication. Tr. 69-
17 72.

18 19. J.K. is the only patient Dr. Jacob is aware of in
19 his many years of practice whom he has not kept a chart on. Tr.
20 32; Exhibit 8.

21 20. A routine pharmacy check by the Board of Medical
22 Examiners led to the determination a chart had not been kept by
23 Dr. Jacob for J.K. Tr. 23-24. Following notification by the
24 Board of Medical Examiners to Dr. Jacob, Dr. Jacob's nurse, Gwen
25 Crippen, conducted an audit of Dr. Jacob's charts. She
26 determined there to be considerable problems with Dr. Jacob's
record keeping. She reviewed those deficiencies with Dr. Jacob.

1 They have since implemented changes in their record keeping. Tr.
2 108-111; Exhibit 8. The changes were implemented in January or
3 February, 1994. Tr. 114. All employees who are also patients,
4 and all other patients, have medication sheets in their charts.
5 Tr. 117-118.

6 **ULTIMATE FINDINGS OF FACT**

7 1. Dr. Jacob was one of J.K.'s treating physicians,
8 and her employer. During his treatment of her he prescribed
9 controlled substances, including hydrocodone and propoxyphene.

10 2. Dr. Jacob did not maintain records of any kind
11 regarding his care and treatment, including prescription of
12 medications, of J.K.

13 3. Minimum practice standards require some record
14 keeping of interactions with patients, in particular, with regard
15 to the prescription of medications.

16 4. Dr. Jacob has implemented changes in his record
17 keeping practices designed to assure all of his patients,
18 including those patients who are also employees, have
19 satisfactory records of his treatment and medication
20 prescriptions.

21 **CONCLUSIONS OF LAW**

22 1. All evidentiary rulings made at the hearing in
23 this matter are affirmed.

24 2. By Amended Notice of Proposed Disciplinary Action,
25 the State charged the licensee, Stanley W. Jacob, M.D., with
26 prescribing controlled substances of a single patient, J.K.,
without following accepted procedures for record keeping, in

1 violation of ORS 677.190(1), 677.188(4), and 677.190(25).
2 The State did not charge the licensee with violation of Oregon
3 statutes by overprescription of controlled substances. Issues of
4 overprescription, if any, were not considered by this hearings
5 officer.

6 3. Dr. Jacob prescribed controlled substances without
7 following accepted procedures for record keeping, in violation of
8 ORS 677.190(25).

9 **ORDER**

10 IT IS HEREBY ORDERED Dr. Stanley Jacob receive written
11 reprimand by the Board for the failure to follow accepted
12 procedures for keeping records of his prescriptions to J.K.

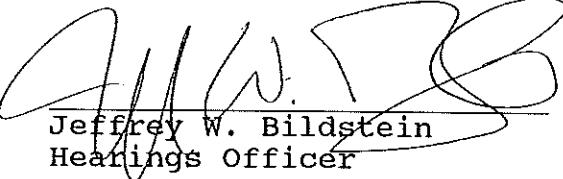
13 **OPINION**

14 Dr. Jacob found himself in the awkward setting of being
15 both employer and physician to J.K. The dual relationship led
16 him to be lax in his record keeping. Fortunately for J.K. and
17 Dr. Jacob, his laxity in record keeping did not lead to any
18 adverse consequences for J.K. Indeed, J.K.'s other physicians
19 were apprised of the prescriptions he was providing. It was
20 uncontroverted Dr. Jacob's treatment of J.K. was beneficial to
21 her. Nonetheless, careful record keeping is an essential part of
22 reasonable medical practice. Dr. Jacob sufficiently demonstrated
23 for the hearings officer the record keeping of this particular
24 patient was an isolated circumstance and he has taken measures to
25 improve his record keeping practices. For these reasons, it is
26 the recommendation of this hearings officer Dr. Jacob receive a
written reprimand from the Board for his failure to follow

1 accepted procedures for record keeping, and that he receive no
2 additional discipline.

3 DATED this 26th day of October, 1994.

4 Respectfully submitted,

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6 Jeffrey W. Bildstein
7 Hearings Officer

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